



Iowa Rural Health Programs

The HRSA Federal Office of Rural Health Policy funds and monitors the three key grant programs in Iowa.

- ✓ State Office of Rural Health (SORH)
- ✓ Medicare Rural Hospital Flexibility Program (FLEX)
- ✓ Small Hospital Improvement Program (SHIP)

In Iowa the federal-state partnership **ensures health care access in rural areas, collaborates to help health organizations and health professional develop long-term solutions and build rural health infrastructure.**

State Office of Rural Health (1991)

- + Core Functions: collect & disseminate information, coordinate state activities to avoid duplication of federal funds, provide grant TA, strengthen state and federal partnerships, promote rural workforce efforts, support rural health clinics, identify state rural health innovation, serve on state and national advisory groups
- + 2009-15 Funding: Rural Health Clinics staff training, Agricultural medical course scholarship/stipends, EMS scholarships & training materials, workforce efforts, sponsor state conferences, Educational webinars, UI Nurse online training, and National Rural Health Day

FLEX Program (1997)

- + Core Functions: CAH quality improvement , CAH operational and finance improvements, health systems/community engagement and EMS integration, Technical assistance
- + 2010-15 Funding: major contracts to organizations for QI (MBQIP), HIT/EHR, Financial consultation, staff education & training (Team STEPPS), community coordination, state conferences, EMS QI/strengthening et trauma certification, leadership training, performance management, hospital community needs assessment

SHIP (1997)

- + Core Functions: Support and assists hospitals with 49 beds or fewer to improve quality improvement and infrastructure as outlined in the Affordable Care Act
- + 2010-15 Funding (approx. \$9000/hospital): Value based purchasing (improving data collection) , Accountable Care Organizations and Payment bundling (QI & data collection/reporting competency) – also support Prospective Payment Systems (maximize purchasing power)



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FLEX Program (the 2015-16 application was submitted, awards are expected mid-August)

The complete grant was intricate and complex. The Federal Office of Rural Health Policy made changes to program requirements to ensure and to be able to document through national level data that Critical Access Hospitals are keeping quality health care access going forward with health transformation. (The SHIP program has same requirements)



CAH quality improvement

- Continued support for QI and data submission
 - MBQIP and other national data systems
 - Patient Safety
- Support for IT competency including staff capability
- Support for QI staff training and leadership
 - HEN participation
- Support mechanism & participation for IHA data collection system



Continued support for CAH operational and finance improvements,



Continued support for CAH health systems/community engagement and EMS integration

- EMS systems standards and CAH participation in Trauma assessment and certification
- Community engagement project



FLEX Program evaluation

(FLEX funds from IDPH cannot be distributed directly to hospitals)

The application budget request was for \$591,413 – Contractuals were \$383, 692

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Gloria Vermie RN, MPH - State Office of Rural Health Director | Office: 515.281.7224

Gloria.Vermie@idph.iowa.gov

Katie Jerkins, MPH - FLEX and Rural Resource Coordinator | Office: 515.423.2690

Katherine.Jerkins@idph.iowa.gov

Doreen Chamberlin MPH, RD – SHIP Coordinator | Office: 515.321.7487 | Doreen.Chamberlin@idph.iowa.gov

Lloyd Burnside - Program Planner | Office: 515.242-6879 | Lloyd.Burnside@idph.iowa.gov

Merrill Meese PS - EMS Field Coordinator | Office: 515-344-2793 | Merrill.Meese@idph.iowa.gov